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|------------------------|------------------|
| Application Number | 10/667,482 |
| Filing Date | 09/23/2003 |
| First Named Inventor | CAVAZZA, Claudio |
| Art Unit | 1617 |
| Examiner Name | KIM, Jennifer M. |
| Attorney Docket Number | 725.1018-DIV |

I hereby revoke all previous powers of attorney given in the above-identified application:

A Power of Attorney is submitted herewith.

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I hereby appoint the practitioners associated with the Customer Number: 20311

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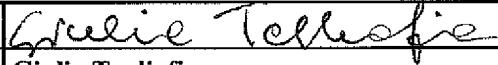
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---|-----------|--|
| Signature |  | | |
| Name | Giulia Tagliafico | | |
| Date | 11 GIU. 2009 | Telephone | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required: Submit multiple forms if more than one signature is required, see below*.

*Total of 1 forms are submitted.

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